

Ventura Self-Help Access Center  
Stepparent/Domestic Partner Adoption  
Form Set Cover Sheet

Information About the Adopting Parent:

Name: _____
Street Address: _____
City: _____
State: _____
Zip Code: _____
Telephone Number: (____) _____
Relationship to the Child (for example, step-mother): _____

Information about the Child:

Current Name: _____
New Name after this adoption: _____
Current Address:      Same as adopting parent      Different from adopting parent
Girl      Boy
Date of Birth: _____
Age: _____ Years _____ Months
Place of Birth: City: _____ State: _____ Country: _____
Was the child conceived by artificial insemination using semen provided to a medical doctor or a sperm bank?
Yes
No
<b>Is the child a member of an Indian tribe (OR is the child eligible to be a member of an Indian tribe)?</b>
Yes                      You must attach a Form ADOPT-220 to your
No                      Adoption Request
Is the child a dependent of the juvenile court?
Yes                      Juvenile Case Number: _____
No                      County: _____
Does the child have a legal guardian?
Yes                      Date of guardianship ordered: _____
No                      County: _____ Case Number: _____
What is the child's current address?
Street: _____ City: _____ State: _____ Zip: _____
Does the child agree to the adoption?
Yes
No

Information the adopting parent's spouse/domestic partner:

Name: \_\_\_\_\_  
Relationship to child:      Mother      Father  
Relationship to Adopting parent:      Spouse      Domestic Partner  
Date of Marriage: \_\_\_\_\_ OR Date Domestic Partnership registered: \_\_\_\_\_

Information about the child's other birth parent

Name: \_\_\_\_\_

**Is this parent?**  
In California  
Outside of California  
Unknown

Check all that apply:

This parent has not contacted his or her child in 1 year.

This parent is deceased (dead).

A court ended the parental rights of this parent.

I/We will ask the court to end the parental rights of this parent.

The consent of this parent is not necessary.

Why isn't the consent of this parent necessary?

\_\_\_\_\_

Do you have a contract (Form ADOPT-310) with this parent (or his or her relatives) to allow them to contact the child after the adoption?

Yes  
No  
Undecided right now

**The Form ADOPT-310 will be:**  
Attached to these papers  
Filed with the court at least 30 days before the adoption hearing

In California, there are several kinds of adoption. Learn about stepparent/domestic partner adoptions on page 1, and independent, agency, and international adoptions on page 2.

### **Stepparent/Domestic Partner Adoptions**

If you want to adopt your stepchild or the child of your domestic partner, fill out and file the forms listed below. You can get them from the court clerk or from the California Courts Self-Help Web site: [www.courtinfo.ca.gov](http://www.courtinfo.ca.gov)

#### **1 Fill out court forms.**

- |                                    |                    |  |
|------------------------------------|--------------------|--|
| <input type="checkbox"/> ADOPT-200 | Adoption Request   | This tells the judge about you and the child you are adopting.   |
| <input type="checkbox"/> ADOPT-210 | Adoption Agreement | This tells the judge that you and the child, if over 12, agree to the adoption. Fill it out, but do not sign it until the judge says so. |
| <input type="checkbox"/> ADOPT-215 | Adoption Order     | The judge signs this form if your adoption is approved.  |

#### **2 Take your forms to court.**

Take the completed forms to the court clerk in the county where you live. The court will charge a filing fee. Or, if you have a lawyer or are using an agency, take the forms to them.

#### **3 The social worker writes a report.**

In every adoption, a social worker writes a report. This report gives important information to the judge about the adopting parents and the child. The social worker will ask you questions. You may have to fill out forms. The social worker will file the report with the court and send you a copy. When you get the report, ask the clerk for a date for your adoption hearing.

#### **4 Go to court on the date of your hearing.**

Bring:

- ☐ The child you are adopting
- ☐ Form ADOPT-210
- ☐ Form ADOPT-215
- ☐ A camera, if you want a photo of you and your child with the judge
- ☐ Friends/relatives

**ADOPT-200 Adoption Request**

**If you are adopting more than one child, fill out an adoption request for each child.**

**1** Your name(s) (adopting parent(s)):

a. \_\_\_\_\_

b. \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Your address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your phone #: (\_\_\_\_) \_\_\_\_\_

Your lawyer (if you have one): (Name, address, phone #, and State Bar #):

\_\_\_\_\_

\_\_\_\_\_

Court name and street address:

**Superior Court of California, County of**

**Case Number:**

**2** Type of adoption: (Check one)

☐ Agency (name): \_\_\_\_\_

☐ Relative

☐ Independent

☐ International (name of agency): \_\_\_\_\_

☐ Stepparent/Domestic Partner

**3** Information about the child:

a. The child's new name will be:

\_\_\_\_\_

b. ☐ Boy ☐ Girl

c. Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

d. Child's address (if different from yours):

Street: \_\_\_\_\_

e. Place of birth (if known):

City: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_

f. If the child is 12 or older, does the child agree to the adoption? ☐ Yes ☐ No

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**4** Child's name before adoption (Fill out ONLY if this is an independent, relative, or stepparent/domestic partner adoption.): \_\_\_\_\_

**5** Does the child have a legal guardian? ☐ Yes ☐ No

If yes, attach a copy of the Letters of Guardianship and fill out below:

a. Date guardianship ordered: \_\_\_\_\_

b. County: \_\_\_\_\_

c. Case number: \_\_\_\_\_

**6** Is the child a dependent of the court? ☐ Yes ☐ No

If yes, fill out below:

Juvenile case number: \_\_\_\_\_

County: \_\_\_\_\_

(To be completed by the clerk of the superior court if a hearing date is available.)

Hearing is set for:

**Hearing Date**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Dept.: \_\_\_\_\_ Room: \_\_\_\_\_

Name and address of court if different from above:

\_\_\_\_\_

**To the person served with this request:** If you do not come to this hearing, the judge can order the adoption without your input.



Your name(s): \_\_\_\_\_

- 7 Child may have Indian ancestry: ☐ Yes ☐ No  
*If yes, attach Form ADOPT-220, Adoption of Indian Child.*

- 8 If this is an Agency Adoption:

- a. I/We have received information about the Adoption Assistance Program, Regional Center, and mental health services available through Medi-Cal or other programs. ☐ Yes ☐ No
- b. All persons with parental rights agree the child should be placed for adoption by the California Department of Social Services or a licensed adoption agency (Fam. Code, § 8700) and have signed a *Relinquishment* form approved by the California Department of Social Services except:

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

- 9 If this is an Independent Adoption:

- a. A copy of the Adoptive Placement Agreement is attached. (Required in most independent adoptions; see Fam. Code, § 8802.)
- b. I/We will file promptly with the department or delegated county adoption agency information required by the department in the investigation of the proposed adoption. ☐ Yes ☐ No
- c. All persons with parental rights agree to the adoption and have signed the Adoptive Placement Agreement *Consent to Adoption* on a form approved by the California Department of Social Services except:

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

- 10 If this is a Stepparent/Domestic Partner Adoption:

- a. The birth parent is ☐ in state ☐ out of state  
*(If out of state and unable to sign in the presence of the required official, the parent may sign his or her consent before a notary. (Fam. Code, § 9003 (b).))*
- b. Adopting parents married: \_\_\_\_\_ (date) OR Domestic partnership registered: \_\_\_\_\_ (date).  
 (This does not affect the social worker's recommendation. Information is for court only. There is no waiting period.)

- 11 ☐ There is no presumed or biological father because the child was conceived by artificial insemination using semen provided to a medical doctor or a sperm bank. (Fam. Code, § 7613.)

- 12 Form ADOPT-310, *Contact After Adoption Agreement*:

- ☐ Is attached ☐ Will not be used ☐ Will be filed at least 30 days before the adoption hearing  
☐ Undecided at this time

- 13 Name of birth parents if you know:

a. \_\_\_\_\_ (mother)

b. \_\_\_\_\_ (father)

- 14 ☐ The consent of the ☐ birth mother ☐ presumed father is not necessary because (specify Fam. Code, § 8606 subdivision): \_\_\_\_\_

Your name(s): \_\_\_\_\_

- 15** A court ended the parental rights of:
- Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_
- Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

- 16** ☐ I/We will ask the court to end the parental rights of:
- Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_
- Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

- 17** Each of the following persons with parental rights has not contacted his or her child in one year (Fam. Code, § 8604(b)):
- Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_
- Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

- 18** Each of the following persons with parental rights has died:
- Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_
- Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

- 19** Suitability for Adoption:
- Each adopting parent:
- a. Is at least 10 years older than the child
  - b. Will treat the child as his or her own
  - c. Will support and care for the child
  - d. Has a suitable home for the child *and*
  - e. Agrees to adopt the child.

- 20** I/We ask the court to approve the adoption and to declare that the adopting parent(s) and the child have the legal relationship of parent and child, with all the rights and duties of this relationship, including the right of inheritance.

- 21** If a lawyer is representing you in this case, he or she must sign here:

Date: \_\_\_\_\_ *Type or print your name* ▶ \_\_\_\_\_  
*Signature of Attorney for Adopting Parent*

- 22** I declare under penalty of perjury under the laws of the State of California that the information in this form is true and correct to my knowledge. This means if I lie on this form, I am guilty of a crime.

Date: \_\_\_\_\_ *Type or print your name* ▶ \_\_\_\_\_  
*Signature of Adopting Parent*

Date: \_\_\_\_\_ *Type or print your name* ▶ \_\_\_\_\_  
*Signature of Adopting Parent*

**ADOPT-210 Adoption Agreement****1** Your name(s) (adopting parent(s)):

a. \_\_\_\_\_

b. \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Your address (*skip this if you have a lawyer*):

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your phone #: (\_\_\_\_) \_\_\_\_\_

Your lawyer (*if you have one*): (*Name, address, phone #, and State Bar #*): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Court name and street address:

**Superior Court of California, County of**

\_\_\_\_\_

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**2** Child's name:

Before adoption: \_\_\_\_\_

After adoption: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

**3** I am the child listed in **2** and I agree to the adoption.

Date: \_\_\_\_\_

*Type or print your name**Signature of Child (child must sign at hearing if 12 or older; optional if child is under 12)***4** *If only one **adopting parent**, read and sign below:*a. I am the adopting parent listed in **1**, and I agree that the child will:(1) Be adopted and treated as my legal child (Fam. Code § 8612(b)); *and*

(2) Have the same rights as a natural child of mine, including the right of inheritance.

Date: \_\_\_\_\_

*Type or print your name**Signature of Adopting Parent (sign at hearing)*b. I am the spouse of the adopting parent listed in **1**, and I agree to his or her adoption of the child.

Date: \_\_\_\_\_

*Type or print your name**Signature of Spouse*

Your name(s): \_\_\_\_\_

**5**

*If two adopting parents, read and sign below:*

We are the adopting parents listed in **1**, and we agree that the child will:

- (1) Be adopted and treated as our legal child (Fam. Code. § 8612(b));
- (2) Have the same rights as a natural child of ours, including the right of inheritance;

and I agree to the other parent's adoption of the child.

Date: \_\_\_\_\_  
*Type or print your name*
▶ \_\_\_\_\_  
*Signature of Adopting Parent (sign at hearing)*

and I agree to the other parent's adoption of the child.

Date: \_\_\_\_\_  
*Type or print your name*
▶ \_\_\_\_\_  
*Signature of Adopting Parent (sign at hearing)*

**6**

*For stepparent/domestic partner adoptions only:*

*If you are the legal parent of the child listed in **2**, read and sign below:*

I am the legal parent of the child and the spouse or domestic partner of the adopting parent listed in **1**, and I agree to his or her adoption of my child.

Date: \_\_\_\_\_  
*Type or print your name*
▶ \_\_\_\_\_  
*Signature of Adopting Parent (sign at hearing)*

**7**

**Executed:**

Date: \_\_\_\_\_  
▶ \_\_\_\_\_  
*Judge (or Judicial Officer)*



**ADOPT-215 Adoption Order****1** Your name(s) (adopting parent(s)):

a. \_\_\_\_\_

b. \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Your address (*skip this if you have a lawyer*):

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your phone #: (\_\_\_\_) \_\_\_\_\_

Your lawyer (*if you have one*): (Name, address, phone #, and State Bar #): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**2** Type of adoption: (*Check one*)☐ Agency (*name*): \_\_\_\_\_☐ Relative☐ Independent☐ International (*name of agency*): \_\_\_\_\_☐ Stepparent/Domestic Partner**3** Child's name after adoption: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

**4** Name of adoption agency: \_\_\_\_\_**5** People present in court today (*date*): \_\_\_\_\_ in:

Dept.: \_\_\_\_\_ Div.: \_\_\_\_\_ Rm.: \_\_\_\_\_ Judge: \_\_\_\_\_

☐ Adopting parent(s) ☐ Lawyer for adopting parent(s)☐ Child ☐ Child's lawyer☐ Parent keeping parental rights (stepparent/domestic partner): \_\_\_\_\_☐ Other people present (*list name and relationship to child*):

a. \_\_\_\_\_

b. \_\_\_\_\_

*If more, attach a sheet of paper, write "ADOPT-215, Item 5" at the top, and list additional name(s) and relationship(s) to child.***Judge will fill out section below.****6** The judge finds that the child: (*Check all that apply*)a. ☐ Is 12 or older and agrees to the adoption.b. ☐ Is under 12.

Court name and street address:

**Superior Court of California, County of****Case Number:**

Your name(s): \_\_\_\_\_

7 The judge has reviewed the report and other documents and evidence and finds that each adopting parent:

- a. Is at least 10 years older than the child      d. Has a suitable home for the child *and*  
 b. Will treat the child as his or her own      e. Agrees to adopt the child.  
 c. Will support and care for the child

8 ☐ This case is a relative adoption petitioned under Family Code section 8714.5.

☐ The adopting relative    ☐ The child, who is 12 or older    has requested that the child's name  
 before adoption be listed on this order under section 8714.5(g).

The child's name before adoption was: \_\_\_\_\_

9 ☐ The child is an Indian child. The judge finds that this adoption meets the placement requirements of the Indian Child Welfare Act and that there is good cause to give preference to these adopting parents. The clerk will fill out 12 below.10 ☐ The judge approves the *Contact After Adoption Agreement* (ADOPT-310)


☐ As submitted    ☐ As amended on ADOPT-310

11 The judge believes the adoption is in the child's best interest and orders this adoption.

The child's name after adoption will be: \_\_\_\_\_

The adopting parent(s) and the child are now parent and child under the law, with all the rights and duties of the parent-child relationship.

Date: \_\_\_\_\_

  
 Judge (or Judicial Officer)
**Clerk will fill out section below.****12 Clerk's Certificate of Mailing**

For the adoption of an Indian child, the Clerk certifies:

I am not a party to this adoption. I placed a filed copy of:

- ☐ ADOPT-200, *Adoption Request*  
☐ ADOPT-215, *Adoption Order*  
☐ ADOPT-220, *Adoption of Indian Child*  
☐ ADOPT-310, *Contact After Adoption Agreement*

in a sealed envelope, marked "Confidential," and addressed to:

Chief, Division of Social Services  
 Bureau of Indian Affairs  
 1849 C Street, NW  
 Mail Stop 310-SIB  
 Washington, DC 20240

The envelope was mailed, with full postage, by U.S. mail from:

Place: \_\_\_\_\_ on (date): \_\_\_\_\_

Date: \_\_\_\_\_ Clerk, by: \_\_\_\_\_, Deputy

ATTORNEY OR PARTY WITHOUT ATTORNEY ( <i>Name and Address</i> ):   TELEPHONE NO.:  BAR NO.: ATTORNEY FOR ( <i>Name</i> ):	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF VENTURA</b> <input type="checkbox"/> 800 S. VICTORIA AVE., VENTURA CA. 93009 <input type="checkbox"/> 3855-F ALAMO ST. SIMI VALLEY, CA. 93063-2110	
PLAINTIFF/PETITIONER:  DEFENDANT/RESPONDENT:	
<b>DECLARATION FOR COURT ASSIGNMENT</b> <i>(Family Law and Unlawful Detainer and all other General Civil actions <b>ONLY</b>)</i>	CASE NUMBER:

Family Law, Domestic Violence, Paternity, Harassment, Unlawful Detainer, and all other General Civil actions presented for filing **MUST** be accompanied by this declaration.

The undersigned declares that the above entitled matter is an **Unlawful Detainer** case and requests proceedings to be held in the:

☐ East County Division
 ☐ Ventura Division

**For matters other than Unlawful Detainer**, the undersigned declares that the above entitled matter is filed for proceedings in the:

☐ East County Division 3855-F Alamo St., Simi Valley, CA 93065 (Based upon Zip Code designation.)  

<input type="checkbox"/> 91301	<input type="checkbox"/> 91302	<input type="checkbox"/> 91304	<input type="checkbox"/> 91307	<input type="checkbox"/> 91320 - <u>Excluding Family Law</u>
<input type="checkbox"/> 91360	<input type="checkbox"/> 91361	<input type="checkbox"/> 91362	<input type="checkbox"/> 91377	<input type="checkbox"/> 93020 <input type="checkbox"/> 93021
<input type="checkbox"/> 93062	<input type="checkbox"/> <b>93063</b>	<input type="checkbox"/> 93064	<input type="checkbox"/> 93065	

☐ Ventura Division 800 S. Victoria Ave., Ventura, CA 93009 (Venue does NOT fall within the Zip Codes above but is within Ventura County.

For the checked reason.

<input type="checkbox"/> Contract	Performance in the division is expressly provided for
<input type="checkbox"/> Equity	The cause of action arose within the division
<input type="checkbox"/> Eminent Domain	The property is located within the division
<input type="checkbox"/> Family Law	Plaintiff, defendant, petitioner or respondent resides within the division
<input type="checkbox"/> Harassment	Plaintiff, defendant, petitioner or respondent resides with the division
<input type="checkbox"/> Mandate	The defendant functions wholly within the division
<input type="checkbox"/> Name Change	The petitioner resides within the division
<input type="checkbox"/> Paternity	Plaintiff, defendant, petitioner or respondent resides within the division.
<input type="checkbox"/> Personal Injury	The injury occurred within the division or the defendant resides within the division
<input type="checkbox"/> Personal Property	The property is located within the division or the defendant resides within the division
<input type="checkbox"/> Prohibition	The defendant functions wholly within the division
<input type="checkbox"/> Review	The defendant functions wholly within the division
<input type="checkbox"/> Title to Real Property	The property is located within the division
<input type="checkbox"/> Unlawful Detainer	The property is located within the division
<input type="checkbox"/> Domestic Violence	Plaintiff, defendant, petitioner or respondent resides within the division
<input type="checkbox"/> Civil not otherwise specified	

(Venue Rule Applicable)

The address of the accident, performance, party, detention, place of business, or other factor which qualifies this case for filing in the division:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Upon information and belief, I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: \_\_\_\_\_ Signature of Attorney/Party \_\_\_\_\_